



DEPARTMENT OF THE ARMY
COMMANDING GENERAL, UNITED STATES ARMY ACCESSIONS COMMAND/
DEPUTY COMMANDING GENERAL FOR INITIAL MILITARY TRAINING
90 INGALLS ROAD, BUILDING 100
FORT MONROE, VIRGINIA 23651-1065

ATAL-CG

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MEMORANDUM FOR SEE DISTRIBUTION

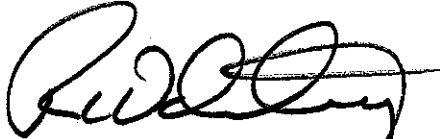
SUBJECT: Initial Military Training (IMT) Heat Injury Prevention 2006

1. References. See enclosure.
2. Heat injuries cause death and disability in TRADOC Soldiers every year. IMT Soldiers are vulnerable to heat injuries because they are initially non-acclimated and because they experience a progressive training workload that can exceed their body's cooling systems in hot, humid weather.
3. The 2005 summer season was a challenging heat season that generated several lessons learned for TRADOC (Reference e). Aggressive heat injury prevention measures will mitigate the risk of heat injury during training, and it will instill heat-related survival skills for use in the harshest operational environments.
4. Commanders and leaders must mitigate risk by implementing controls that minimize the detrimental effects of heat. Reduce Soldiers' heat loads by modifying training schedules, locations, work-rest cycles, uniforms and equipment (to include individual body armor), and water intake based upon on-site Wet Bulb Globe Thermometer conditions. Progressively load Soldiers with their warrior combat equipment, especially during the first 3 weeks of training as they become environmentally acclimated. Train every Soldier and every IMT leader to prevent and treat heat injuries. Enforce hydration monitoring systems (Ogden cords, Riley (water) cards, drinking schedules, battle buddy monitoring, etc.). Be prepared to rapidly cool heat-injured Soldiers to save lives and prevent organ/brain damage. Plan all training with the Heat Injury Risk Management worksheet, being sure to factor in the risk associated with cumulative heat stress (i.e., back-to-back days of hot, humid weather).
5. The TRADOC recommended leader training, additional training information, and heat injury prevention resources (such as the heat stress card, heat risk manual, and heat injury prevention posters) can be found at the TRADOC Surgeon's website: <http://www.tradoc.army.mil/surgeon/index.htm>. The U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) website: is another valuable source of Heat Injury Prevention information: <http://chppm-www.apgea.army.mil/heat/>.
6. All IMT leaders will be trained NLT 1 April 2006. Commanders will forward completion reports to the TRADOC Surgeon's Office NLT 15 April 2006. The TRADOC Surgeon's office will verify and report each unit's training status to the AAC G3, to the DCG-IMT, and during the TRADOC Commander's Quarterly Review and Analysis.

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7. Points of contact for this action are COL Greg Jolissaint, TRADOC Command Surgeon, and MAJ Gerald Forest, DSN 680-2097, (757) 788-2097, emails: james.jolissaint@us.army.mil and gerald.a.forest@us.army.mil.



**R. L. VAN ANTWERP
Lieutenant General, U.S. Army
Deputy Commanding General
for Initial Military Training**

Encl

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1. References.

- a. **TRADOC Regulation 350-29, Prevention of Heat and Cold Casualties, 16 July 2003**
- b. **TRADOC Regulation 350-6, Enlisted IET Policies and Administration: 30 December 2005.**
- c. **Technical Bulletin Medical 507, Heat Stress Control and Heat Casualty Management, 7 March 2003, paragraph 5-2f.**
- d. **Change 1, TRADOC Regulation 1-8, TRADOC Operations Reporting, 17 November 2003, paragraph 2-2a(2) .**
- e. **Electronic mail message, TRADOC Heat Season Lessons Learned, COL Jolissaint, TRADOC Surgeon, 23 August 2005. <http://www.tradoc.army.mil/surgeon/index.htm>.**

2. The senior leader on the ground has the most accurate information on his or her Soldiers' acclimatization status; the cumulative effects of environmental factors; and individual risk factors that are affecting Soldiers. These leaders are best equipped to make potentially life-saving decisions and should be empowered to make decisions quickly. Leaders should immediately review their risk mitigation measures in the instance of any significant heat injury (heat exhaustion or heat stroke).

3. Additional risk mitigation measures include pre-planning of medical support with immediate cooling capability (rapid cooling with iced sheets reduces the potential for lasting injury from heat) for all training events. Training site treatment and evacuation rehearsals/battle drills will reinforce effective response to heat injury events from the point of injury until the Soldier arrives at the supporting medical treatment facility. Decision making authority for modifying training events, based upon the projected heat category, should be delegated to the lowest appropriate level.

4. Commanders should ensure that all cadre integrated into the training base (after completion of initial leader training) receive this same leader heat injury prevention training before they are allowed to supervise Soldier training. The TRADOC Surgeon and TRADOC Safety offices will maintain contact with their TRADOC installation counterparts in order to closely monitor actual heat injuries during the warm weather/heat injury season.

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